

**APPLICATION BOOKLET**  
**FOR**  
**CERTIFIED COMPULSIVE GAMBLING COUNSELOR**  
**CCGC**

**Under Title 201, Regulations for Certifying  
Compulsive Gambling Counselors**

State of Nebraska  
Department of Health and Human Services  
Office of Mental Health, Substance Abuse and Addiction Services  
P.O. Box 98925  
Lincoln, NE 68509-8925  
(402) 479-5148

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## **INTRODUCTION**

This application booklet is designed to assist individuals applying for Certified Compulsive Gambling Counselor (CCGC). It provides further clarification of the certification standards contained in Title 201, Regulations for Certifying Compulsive Gambling Counselors under the Division of Mental Health, Alcoholism, Drug Abuse and Addiction Services Act. The effective date of the current Title 201 is March 15, 1999.

The requirements delineated in this document will be applicable until March 15, 2001. The final application deadline under this criterion is March 15, 2001. Criteria to be used following this date are outlined in Title 201, Chapter 2, Section 004.

## **CRITERIA FOR CERTIFIED COMPULSIVE GAMBLING COUNSELOR (CCGC)**

### Education

- High School Diploma or G.E.D.
- 72 hours of education on gambling specific issues
  - ◆ 12 hours in basic compulsive gambling knowledge
  - ◆ 12 hours in intake and assessment
  - ◆ 12 hours in significant other treatment
  - ◆ 12 hours in case management
  - ◆ 12 hours in individual and group counseling skills
  - ◆ 6 hours in special populations issues
  - ◆ 6 hours in legal/financial aspects

### Practicum

- 200 hours of supervised Practicum experience
  - ◆ 40 hours of intake and assessment
  - ◆ 40 hours of case management
  - ◆ 80 hours of counseling
  - ◆ 20 hours of client, family, and community education
  - ◆ 20 hours in professional responsibility
- Supervision is required on a 1:10 hour basis. That is, for every 10 hours of Practicum experience one hour of supervision needs to be documented.
- A reference from a Practicum supervisor is required.

### Knowledge Demonstration

- Must pass a Office of Mental Health, Substance Abuse & Addiction Services approved written examination for Compulsive Gambling Counselors. Currently, this test is one prepared by Columbia Assessment Services, Inc. You may obtain the Candidate Guide by contacting CAS at (919) 572-6880. You may also obtain them by contacting Tim Christensen at the Office of Mental Health, Substance Abuse & Addictions Services at (402) 479-5574.
- You **must** complete the education and Practicum requirements prior to sitting for the exam.
- Exam administration will take place in June and December of each year. \*

### **IMPORTANT DATES\***

#### **DEADLINE FOR APPLICATION**

September 1, 2003  
March 1, 2004  
September 1, 2004  
March 1, 2005

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#### **EXAM ADMINISTRATION**

December, 2003  
June, 2004  
December, 2004  
June, 2005

## APPLICATION PROCEDURES

### Applicant Responsibilities

1. Review the contents of this application packet. The packet should include the following items:
  - a Title 201, Regulations for Certifying Compulsive Gambling Counselors
  - b Important Dates Sheet
  - c Fee Schedule
  - d Application Booklet
  - e Application
  - f Verification And Evaluation of Practicum Training Form
  - g Application Checklist
  - h Candidate Guide: Professional examination for counselors of problem gamblers
  - i "Training Pre-Approved as Education For Compulsive Gambling Counselor Certification" booklet
2. Note the application submittal deadline dates listed on the Important Dates Sheet. There are two review cycles per year. Your application and all supporting documents (Verification And Evaluation of Practicum Training form(s), official transcripts, diplomas and certificates of completion) must be received by the application deadline date in order for your application to be considered complete and eligible for review during the review cycle. Incomplete applications will be held over for the next application deadline date and review cycle.
3. Complete all sections of the application. **APPLICATION MUST BE TYPED EXCEPT FOR SIGNATURES.**
4. Submit official transcripts for all college/university education listed in Section B of the application.
5. Submit verification of completion for all non-college / university training listed in Section B.
6. Include with your application course content information (syllabi) for all training you are submitting for education that has not been pre-approved and listed in the "Training pre-approved As Education for Compulsive Gambling Counselor Certification" booklet.
7. Complete the "Verification And Evaluation of Practicum Training" form documenting the practical training listed in Section C of your application and give it to your practicum supervisor to review and sign. If you trained under more than one supervisor, complete a separate form for each. The signed form must be returned directly to the Office of Mental Health, Substance Abuse & Addiction Services by your supervisor(s) by the application deadline date.
8. Give your "Verification and Evaluation of Practicum Training" form(s) to the appropriate individual(s) far enough in advance of the application deadline date to allow completion and receipt at the Office of Mental Health, Substance Abuse & Addiction Services by the deadline date.
9. Sign the application before a Notary Public.
10. Complete the application checklist and submit it with the application.
11. Mail the completed application, all required attachments, and the application fee to:

Department of Health and Human Services  
Office of Mental Health, Substance Abuse and Addiction Services  
ATT: CCGC Certification  
P.O. Box 98925  
Lincoln, NE 68509-8925

## Office of Mental Health, Substance Abuse & Addiction Services Responsibilities

1. The Office of Mental Health, Substance Abuse & Addictions Services will conduct an administrative review of your application to determine if it is complete. Incomplete applications will be held over to the next application date and review cycle. If there is a question regarding your application, you will be notified in writing.
2. Complete applications will be scheduled for portfolio review by the Compulsive Gambling Counselor Certification Advisory Board in September or March depending upon the application deadline date selected. The Advisory Board forwards its recommendations to the Office of Mental Health, Substance Abuse & Addiction Services. The Office of Mental Health, Substance Abuse & Addiction Services and or the Advisory Board may request additional information at any time during the certification review process. If additional information is requested, your application may be scheduled for a second portfolio review the next review cycle.
3. Applicants will be notified in writing of the portfolio review findings within 60 days of Advisory Board review. The findings may include:
  - a Approval of the portfolio and scheduling for the Written Certification Examination;
  - b Request for additional information to clarify items contained in the portfolio; or
  - c Denial of certification.
4. Applicants who successfully complete portfolio review will be scheduled for the written examination. You will be notified in writing of the date, time, location, and other pertinent information. The written examination is given in June and December in Lincoln, Nebraska.
5. You will be notified in writing of the written examination results by either the testing organization or the Office of Mental Health, Substance Abuse & Addiction Services usually within 30 days after test administration.
  - a If you do not pass the written examination, the Office of Mental Health, Substance Abuse & Addiction Services will advise you of the reexamination process. You may apply to retake the written examination by submitting a reexamination form and fee within one year of the date of the unsuccessful written examination.
  - b If you pass the written examination, you will be notified of your status as a Certified Compulsive Gambling Counselor (CCGC).

## WRITTEN EXAMINATION

Applicants for CCGC must successfully complete the Office of Mental Health, Substance Abuse & Addiction Services approved written examination administered by Columbia Assessment Services, Inc.

The examination consists of 150 multiple-choice questions. Three hours and 30 minutes (3 1/2 hours) are allowed for the examination.

The following is an overview of the five Performance Domains of professional compulsive gambling counseling. These are the Domains on which the examination is based. The overview outlines the knowledge and skill base required in each.

### **DOMAIN: Client, Family, and Community Education**

#### Knowledge Requirements –

1. Available literature on pathological gambling.
2. Signs/symptoms of pathological and problem gambling.
3. Outreach activities which enhance awareness of the impact of pathological gambling on the community, social service systems, and individuals.
4. Resources within the community available to assist in the recovery process.
5. Community based self-help meetings, activities, and organizations.
6. Professional literature and research on pathological gambling.
7. Various methods of educating clients and the general public.
8. The history and social impact of pathological gambling on the U.S., historical and current theoretical approaches to the treatment of pathological gambling, sociological impact of gambling on clients (i.e., vocational, legal, financial, etc.).

#### Skill Requirements –

1. Use of bibliotherapy.
2. Use of various teaching modalities in order to educate diverse populations.
3. Utilization of a variety of outreach activities.
4. Public speaking
5. Networking with professional communities and social service organizations.

### **DOMAIN: Intake and Assessment**

#### Knowledge Requirements –

1. Client rights and responsibilities.
2. Data gathering requirements for administrative, research, and clinical purposes.
3. Commonly accepted levels of gambling involvement.
4. Standard assessment tools in the evaluation of gambling problems.
5. Resources available to meet client needs.
6. Co-morbid disorders common to pathological/problem gamblers.
7. Appropriate information to be included in a biopsychosocial assessment summary.
8. Limitations of ability to diagnose and/or treat co-morbid disorders.
9. Resources available for the attainment of collateral information.
10. Applicable Federal or State laws governing the disposition of client information.

#### Skill Requirements –

1. Obtaining client's informed consent to participate in the assessment/treatment process.
2. Interview techniques to develop a complete biopsychosocial assessment.
3. Crisis intervention techniques.
4. Summarization of clinical impressions obtained via testing, interview, and collateral information.
5. Utilization of appropriate level of care based upon assessment results.
6. Recognition of need for further evaluation of potential co-morbid disorders.
7. Communication of assessment results to the client, referral sources, and other concerned persons within ethical and legal contexts.
8. Appropriate use of the Diagnostic and Statistical Manual – IV (DSM-IV) as an assessment tool.

**DOMAIN: Counseling**

## Knowledge Requirements –

1. Use of clients identified strengths and needs in treatment plan development.
2. Importance of client involvement in the identification of therapeutic goals.
3. Therapeutic interventions which enhance attainment of specific treatment goals.
4. General recovery/relapse processes associated with problem/pathological gambling.
5. Individual, group, and significant other counseling techniques and theories.
6. Barriers to successful treatment goal attainment.
7. Methods by which therapeutic progress may be measured and reflected in the treatment plan.
8. Role of affect and cognitive distortions in the counseling relationship.
9. Crisis identification and intervention techniques.
10. Community based professional and self-help referral sources.

## Skill Requirements –

1. Engagement of client in the treatment plan formation.
2. Utilization of appropriate individual, group, and significant other counseling techniques.
3. Orienting and/or socializing the client to self-help opportunities.
4. Communication of identified treatment progress/barriers to the client.
5. Development of coping strategies and skills to assist the client in attainment of treatment goals.
6. Continual monitoring of potential co-morbid disorders which require referral or consultation.
7. Crisis intervention techniques and assessment of client potential for suicide.
8. Matching client needs with appropriate referral sources.

**DOMAIN: Case Management**

## Knowledge Requirements –

1. Community resources and services available to meet client needs.
2. Methods of recruiting clients and mobilizing community resources.
3. Legal issues common to clients and resources available to them for assistance.
4. Financial issues common to clients and financial management resources available.
5. Gamblers Anonymous pressure relief group process and its impact on the treatment process in respect to financial matters.
6. Appropriate advocacy for the client in legal, vocational, and financial matters.

## Skill Requirements –

1. Coordination of services with community resources and ability to provide concurrent services.
2. Development of a professional relationship with a variety of community resource systems (i.e., legal, business, self-help, etc.).
3. Evaluation of financial status and selection of therapeutically appropriate resources.
4. Educating community resource systems on the recovery process and the ability of the disorder to be effectively treated.
5. Development of appropriate documentation which facilitates coordination of services across disciplines.

**DOMAIN: Professional Responsibility**

## Knowledge Requirements –

1. Ethical standards established by the State of Nebraska for certified counselors.
2. State, Federal, and local laws applicable to the provision of services.
3. Agency requirements for the provision of services.
4. Appropriate documentation and record keeping of interactions with clients.
5. Available resources for continued education, training, and supervision.



6. Populations which present with unique needs that may require varied interventions.
7. Counselors limitations in the ability to effectively treat co-morbid disorders.
8. Appropriate storage and maintenance of client records.

Skill Requirements –

1. Maintaining professional relationships with clients, staff, and the community.
2. Remaining within established ethical boundaries in the provision of services.
3. Identification of issues/disorders beyond a counselors scope of practice and referral of the client to appropriate resources to meet the client's needs.
4. Integration of emerging research into the treatment process when appropriate.
5. Application of varied techniques appropriate to the client population being treated.

## **DIRECTIONS FOR COMPLETING APPLICATION FORM**

Carefully read Title 201, Regulations for Certifying Compulsive Gambling Counselors, before completing the application.

### **Section A – General Information**

Carefully complete this section. The way you list your name here is how it will appear on your certificate if certification is awarded. It should match your legal signature in Section F – Affidavit.

If you have a disability and request special considerations/modifications in test administration, note it in item 11 of this section. You must provide official documentation of your disability and specify the testing procedure changes sought. An example of official documentation would be a letter from a medical doctor or psychologist. Appropriate modifications to testing procedures will be offered when documentation supports the need.

List any misdemeanor or felony convictions in item 14 of this section. You must attach official court documents regarding the circumstances of the charges, disposition of the case(s), whether probation/parole has been completed (if applicable) and your current legal standing. Convictions are evaluated in terms of their relevance to compulsive gambling clinical practice. Failure to list convictions may result in certification revocation if certification is awarded.

### **Section B – Education**

#### **High School/GED**

Under this section indicate whether you have graduated from high school or completed a GED. Enclose a copy of your high school diploma/transcript or GED with your application. If your official university/college transcript verifies high school completion by listing the name of the high school and date of graduation, you do not need to submit a high school diploma.

#### **University and College**

List under this section university and college training completed. Be sure to note field of study including major and minor, degree awarded and date degree awarded. Request official transcripts be submitted to the Office of Mental Health, Substance Abuse & Addiction Services for all university/college training listed. An official transcript is one issued by and under the official seal of the educational institution.

#### **Specific Education Content Areas**

You must document 72 hours of education in seven (7) core course areas with a minimum number of instructional hours in each area. The content for each core course is defined in Title 201.

List the number and title of the course(s) you are submitting to meet the course requirements. Also list the dates you attended the training (i.e., Fall 1997; May 1-3, 1997), the name of the training provider/entity (i.e., Nebraska Council on Compulsive Gambling) and the number of training hours earned that are applicable. If only a portion of the instructional time of a course or workshop contains applicable content, list only the applicable hours for hours earned.

If you are submitting a training that is not pre-approved by the Office of Mental Health, Substance Abuse & Addiction Services as meeting an education area, you must also provide official content information (brochure, college syllabus) on the training so it can be evaluated to determine if it contains the required content. Highlight the applicable sections of the content if the entire training does not apply. Any training that has been pre-approved is listed in the "Training Pre-Approved As Education for Compulsive Gambling Counselor Certification" booklet.

You must submit verification of completion for all training listed. This would be either an official college/university transcript for college/university credit courses or a training certificate for workshop/seminar training.

## Section C – Practicum Training

Applicants may request an equivalency for the supervised Practicum training if they hold a valid National Certified Compulsive Gambling certificate at the time of application. If you are requesting an equivalency, check the appropriate box. Attach a copy of your certificate.

You must document a supervised Practicum training that includes performing a minimum of 200 hours in the compulsive gambling counselor Performance Domains. Each Performance Domain must be performed the minimum number of hours specified in Title 201. The Practicum training supervisor must hold either Nebraska's Certified Compulsive Gambling Counselor (CCGC) credential or hold a National level counselor credential issued by an approved organization. A minimum of one (1) hour of supervision for each ten (10) hours of Domain performance must be provided. Supervision shall be directed towards teaching the knowledge and skills of professional compulsive gambling counseling. Supervision may include individual supervisory sessions, formal case staffings, and conjoint/co-therapy sessions. The Practicum training may be part of a post-secondary educational program or may be part of eligible work experience.

In this section, list under whom and where you completed your supervised Practicum training. If the Practicum training occurred under more than one supervisor, complete a separate form for each.

Performance hours must be documented on the "Verification And Evaluation Of Practicum Training" form. Actual performance dates and performance hours must be listed under each Domain. Complete your portion of this form and give it to your practicum supervisor for review and signature. Hours should be listed in fifteen (15) minute increments with 15 minutes listed as .25, 30 minutes listed as .50, 45 minutes listed as .75, and one (1) hour listed as 1.00. For example, two and a half hours would be listed as 2.50. List the hours individually by date and do not lump several dates together. The form **must** be returned directly to the Office of Mental Health, Substance Abuse & Addiction Services by your training supervisor by the application deadline date. If the training occurred under more than one supervisor, a separate form must be completed for each supervised training.

## Section D – References

A satisfactory reference must come from a practicum supervisor. The "Verification and Evaluation of Practicum Training" form includes an evaluation section to be completed by the applicant's supervisor.

A satisfactory ranking in this section will serve as a reference in meeting this requirement. The information in this section will not be disclosed to the applicant. The completed form **must** be returned directly to the Office of Mental Health, Substance Abuse & Addictions Services by the individual listed by the application deadline date.

## Section E- Code of Ethics

Applicants must sign a statement attesting to having read and agreeing to be bound by the Code of Ethics.

Sign and date the Code of Ethics. If the Code of Ethics is unsigned, your application will be returned.

## Section E – Affidavit

You must sign the application before a Notary Public. Do not do this until you have completed all sections of the application.

After the application is completed and signed, mail it along with the fee and required enclosures to:

Department of Health and Human Services  
Office of Mental Health, Substance Abuse and Addiction Services  
ATT: CCGC Certification  
P.O. Box 98925

